

## **Exhibit A**

### **UCC Financing Statements**



**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
JILL A. COLEMAN
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
JILL A. COLEMAN FOX, SWIBEL, LEVIN & CARROLL, LLP 200 W. MADISON ST., SUITE 3000 CHICAGO, IL 60606

RECEIVED  
MAY 1 2016  
CLK 15

**16-0025292693**

**08/01/2016 12:10 PM**

**FILED**

TEXAS  
SECRETARY OF STATE  
SOS



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); If any part of the individual Debtor's name will not fit in the 1b, leave all of Item 1 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>KAIST IP US LLC</b>				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS <b>2591 DALLAS PARKWAY, SUITE 300</b>	CITY <b>FRISCO</b>	STATE <b>TX</b>	POSTAL CODE <b>75034</b>	COUNTRY <b>USA</b>
2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>FOX, SWIBEL, LEVIN &amp; CARROLL, LLP, AS REPRESENTATIVE OF SECURED PARTY</b>				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS <b>200 WEST MADISON STREET, SUITE 3000</b>	CITY <b>CHICAGO</b>	STATE <b>IL</b>	POSTAL CODE <b>60606</b>	COUNTRY <b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

**ALL ASSETS NOW OWNED OR LATER ACQUIRED BY DEBTOR WHEREVER LOCATED, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSIONS, PARTS, REPLACEMENTS, SUBSTITUTIONS, RENEWALS, INTEREST, DIVIDENDS, DISTRIBUTIONS, RIGHTS OF ANY KIND AND RECORDS (INCLUDING WITHOUT LIMITATION COMPUTER SOFTWARE) PERTAINING TO THE FOREGOING ASSETS, AND ALL PRODUCTS AND PROCEEDS OF THE FOREGOING (WHETHER CASH OR NON-CASH PROCEEDS).**

6. Check only if applicable and check only one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad Item 17 and Instructions)	<input type="checkbox"/> being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box
<input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable). <input type="checkbox"/> Lessor/Easor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Dealer/Dealer <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: <b>TX SOS (05457-118)</b>	

**UCC FINANCING STATEMENT AMENDMENT****FOLLOW INSTRUCTIONS**

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b>
<b>B. E-MAIL CONTACT AT FILER (optional)</b>
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> COGENCY GLOBAL INC. 10 E 40th Street 10th Floor New York, NY 10016 USA

**FILING NUMBER: 21-00293716**

FILING DATE: 07/13/2021 08:57 AM

DOCUMENT NUMBER: 106511000001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER <b>16-0025292693</b>	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [or record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13
2. <input type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement	
3. <input type="checkbox"/> <b>ASSIGNMENT</b> (full or partial): Provide name of Assignee in item 7a or 7b <u>and</u> address of Assignee in item 7c <u>and</u> also name of Assignor in item 9. For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 8	
4. <input checked="" type="checkbox"/> <b>CONTINUATION:</b> Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law	
5. <input type="checkbox"/> <b>PARTY INFORMATION CHANGE:</b> Check one of these two boxes. This Change affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <input type="checkbox"/> and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b.	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) OR 6a. ORGANIZATION'S NAME	
OR 6b. INDIVIDUAL'S SURNAME      FIRST PERSONAL NAME      ADDITIONAL NAME(S)/INITIAL(S)      SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME	
OR 7b. INDIVIDUAL'S SURNAME      FIRST PERSONAL NAME      ADDITIONAL NAME(S)/INITIAL(S)      SUFFIX	
7c. MAILING ADDRESS      CITY      STATE      POSTAL CODE      COUNTRY	
8. <input type="checkbox"/> <b>COLLATERAL CHANGE:</b> Also check one of these four boxes. <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME <b>FOX, SWIBEL, LEVIN &amp; CARROLL, LLP, AS REPRESENTATIVE OF SECURED PARTY</b>	
OR 9b. INDIVIDUAL'S SURNAME      FIRST PERSONAL NAME      ADDITIONAL NAME(S)/INITIAL(S)      SUFFIX	
10. OPTIONAL FILER REFERENCE DATA: <b>Filed with: TX - Secretary of State; Debtor: KAIST IP US LLC</b>	

**FILING OFFICE COPY**

**UCC FINANCING STATEMENT AMENDMENT****FOLLOW INSTRUCTIONS****A. NAME & PHONE OF CONTACT AT FILER (optional)****B. E-MAIL CONTACT AT FILER (optional)****C. SEND ACKNOWLEDGMENT TO: (Name and Address)**

COGENCY GLOBAL INC.  
10 E 40th Street  
10th Floor  
New York, NY 10016  
USA

**FILING NUMBER: 22-00113571****FILING DATE: 03/07/2022 12:43 PM****DOCUMENT NUMBER: 1126754660001****FILED: Texas Secretary of State****IMAGE GENERATED ELECTRONICALLY FOR XML FILING  
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1a. INITIAL FINANCING STATEMENT FILE NUMBER

**16-0025292693**1b.  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3.  **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.  
For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 84.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law**5.  PARTY INFORMATION CHANGE:**Check one of these two boxes. This Change affects  Debtor or  Secured Party of record. AND Check one of these three boxes to:

CHANGE name and/or address: Complete item 6a or 6b; and item  ADD name: Complete item 7a or 7b,  and item 7c  DELETE name: Give record name to be deleted in item 6a or 6b.

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME <b>KAIST IP US LLC</b>	OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME <b>KIPB LLC</b>	OR	7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS <b>2591 Dallas Parkway, Suite 300</b>	CITY <b>Frisco</b>	STATE <b>TX</b>	POSTAL CODE <b>75034</b>	COUNTRY <b>USA</b>
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8.  **COLLATERAL CHANGE:** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  
Indicate collateral:9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME <b>FOX, SWIBEL, LEVIN &amp; CARROLL, LLP, AS REPRESENTATIVE OF SECURED PARTY</b>	OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:

**Filed with: TX - Secretary of State; Debtor: KAIST IP US LLC****FILING OFFICE COPY**

## UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

**A. NAME & PHONE OF CONTACT AT FILER (optional)**

**B. E-MAIL CONTACT AT FILER (optional)**

**C. SEND ACKNOWLEDGMENT TO: (Name and Address)**

COGENCY GLOBAL INC.

10 E 40th Street

10th Floor

New York, NY 10016

USA

**FILING NUMBER:** 22-0011357233

**FILING DATE:** 03/07/2022 12:43 PM

**DOCUMENT NUMBER:** 1126754680001

**FILED:** Texas Secretary of State

**IMAGE GENERATED ELECTRONICALLY FOR XML FILING**

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

**KIPB LLC**

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

**2591 Dallas Parkway, Suite 300**

**Frisco**

**TX**

**75034**

**USA**

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

**FOX, SWIBEL, LEVIN & CARROLL, LLP, AS REPRESENTATIVE OF SECURED PARTY**

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

**200 West Madison Street, Suite**

**Chicago**

**IL**

**60606**

**USA**

4. COLLATERAL: This financing statement covers the following collateral:

All assets now owned or later acquired by Debtor wherever located, together with all additions, attachments, accessions, parts, replacements, substitutions, renewals, interest, dividends, distributions, rights of any kind and records (including without limitation computer software) pertaining to the foregoing assets, and all products and proceeds of the foregoing (whether cash or non-cash proceeds).

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

Filed with: TX - Secretary of State

FILING OFFICE COPY

**UCC FINANCING STATEMENT AMENDMENT****FOLLOW INSTRUCTIONS****A. NAME & PHONE OF CONTACT AT FILER (optional)****B. E-MAIL CONTACT AT FILER (optional)****C. SEND ACKNOWLEDGMENT TO: (Name and Address)**

COGENCY GLOBAL INC.  
10 E 40th Street  
10th Floor  
New York, NY 10016  
USA

**FILING NUMBER: 22-00134535****FILING DATE: 03/17/2022 03:26 PM****DOCUMENT NUMBER: 1130581220001****FILED: Texas Secretary of State****IMAGE GENERATED ELECTRONICALLY FOR XML FILING  
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1a. INITIAL FINANCING STATEMENT FILE NUMBER

**22-0011357233**

1b.  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3.  **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.  
For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 84.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5.  **PARTY INFORMATION CHANGE:**Check one of these two boxes. This Change affects  Debtor or  Secured Party of record. AND Check one of these three boxes to:

CHANGE name and/or address: Complete item 6a or 6b; and item  ADD name: Complete item 7a or 7b,  and item 7c  DELETE name: Give record name to be deleted in item 6a or 6b.

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME <b>FOX, SWIBEL, LEVIN &amp; CARROLL, LLP, AS REPRESENTATIVE OF SECURED PARTY</b>	OR		
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME <b>Paulina FundingCo, LLC</b>	OR		
7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c. MAILING ADDRESS <b>10 BANK STREET, SUITE 560</b>	CITY <b>White Plains</b>	STATE <b>NY</b>	POSTAL CODE <b>10606</b>	COUNTRY <b>USA</b>
---------------------------------------------------------	-----------------------------	--------------------	-----------------------------	-----------------------

8.  **COLLATERAL CHANGE:** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  
Indicate collateral:9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME <b>FOX, SWIBEL, LEVIN &amp; CARROLL, LLP, AS REPRESENTATIVE OF SECURED PARTY</b>	OR		
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

**Filed with: TX - Secretary of State; Debtor: KIPB LLC****FILING OFFICE COPY**

**UCC FINANCING STATEMENT AMENDMENT****FOLLOW INSTRUCTIONS****A. NAME & PHONE OF CONTACT AT FILER (optional)****B. E-MAIL CONTACT AT FILER (optional)****C. SEND ACKNOWLEDGMENT TO: (Name and Address)**

COGENCY GLOBAL INC.

10 E 40th Street

10th Floor

New York, NY 10016

USA

**FILING NUMBER: 22-00134536****FILING DATE: 03/17/2022 03:26 PM****DOCUMENT NUMBER: 1130581250001****FILED: Texas Secretary of State****IMAGE GENERATED ELECTRONICALLY FOR XML FILING****THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1a. INITIAL FINANCING STATEMENT FILE NUMBER

**16-0025292693**1b.  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3.  **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.  
For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 84.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5.  **PARTY INFORMATION CHANGE:**Check one of these two boxes. This Change affects  Debtor or  Secured Party of record. AND Check one of these three boxes to:

CHANGE name and/or address: Complete item 6a or 6b; and item  ADD name: Complete item 7a or 7b,  and item 7c  DELETE name: Give record name  
7a or 7b and item 7c to be deleted in item 6a or 6b.

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME <b>FOX, SWIBEL, LEVIN &amp; CARROLL, LLP, AS REPRESENTATIVE OF SECURED PARTY</b>	OR		
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME <b>Paulina FundingCo, LLC</b>	OR		
7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c. MAILING ADDRESS <b>10 BANK STREET, SUITE 560</b>	CITY <b>White Plains</b>	STATE <b>NY</b>	POSTAL CODE <b>10606</b>	COUNTRY <b>USA</b>
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8.  **COLLATERAL CHANGE:** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  
Indicate collateral:9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME <b>FOX, SWIBEL, LEVIN &amp; CARROLL, LLP, AS REPRESENTATIVE OF SECURED PARTY</b>	OR		
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

**Filed with: TX - Secretary of State; Debtor: KIPB LLC****FILING OFFICE COPY**